

| POSITION                  | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|------|
| FEE DETERMINATION         |          |        |      |
| O.I.P.E. CLASSIFIER       |          |        |      |
| FORMALITY REVIEW          |          |        |      |
| RESPONSE FORMALITY REVIEW |          |        |      |

**BEST AVAILABLE COPY**

**INDEX OF CLAIMS**

|                     |            |   |              |
|---------------------|------------|---|--------------|
| ✓                   | Rejected   | N | Non-elected  |
| =                   | Allowed    | I | Interference |
| — (Through numeral) | Canceled   | A | Appeal       |
| ÷                   | Restricted | O | Objected     |

| Claim    | Date |
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| Final    |      |
| Original |      |
| 1 ✓      | ✓    |
| 2 J      | ✓    |
| 3 J      | ✓    |
| 4 ✓      | ✓    |
| 5 ✓      | ✓    |
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If more than 150 claims or 10 actions  
staple additional sheet here

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